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ABSTRACT

This document presents official responses to President Clinton's October 19, 1996 radio address urging stronger measures to reduce the incidence of teen's driving while under the influence of drugs. The document begins by reviewing background information concerning state laws, enforcement issues, drug testing, and prevention as they relate to youth drug use. Numerous general and specific recommendations in answer to President Clinton's directives are discussed. Some of the general recommendations include the following: (1) a systematic strategy to reduce drug-impaired driving can address both Presidential goals; (2) drug testing for driver's license applicants can be an effective component of this systematic strategy; (3) strong state laws provide the basis for a systematic approach; (4) current programs for law enforcement, prosecutors, and judges are effective but should be implemented more widely; (5) publicity and education programs are essential components to changing behavior; and (6) prevention and treatment are fundamental elements that must be incorporated into the complete system. In addition to the costs and schedule for implementation of these suggestions, some specific recommendations are provided: (1) conduct pre-licensure drug testing demonstration program in several states; (2) improve state drugged driving laws through incentive grants; (3) enhance law enforcement, prosecution, adjudication, and research for drugged driving; and (4) expand prevention, education, and treatment for drug use and drugged driving. (MKA)

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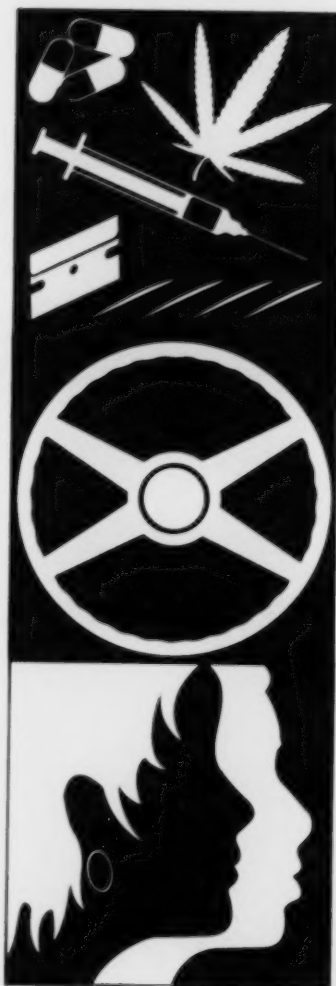
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PRESIDENTIAL INITIATIVE

on

DRUGS DRIVING AND YOUTH



Recommendations
from the Secretary of
Transportation and the
Director of National
Drug Control Policy

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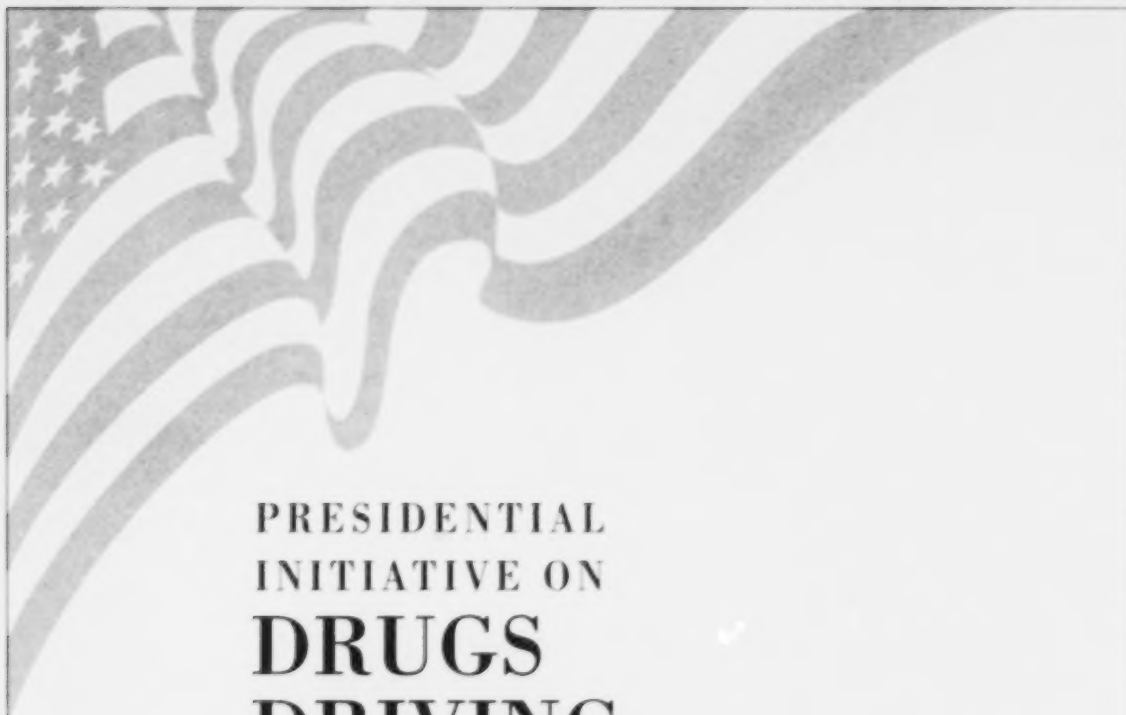
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Prepared by:

The Department of Transportation and the Office of
National Drug Control Policy in conjunction with
the Departments of Education, Health and Human
Services, and Justice



PRESIDENTIAL INITIATIVE ON DRUGS, DRIVING, AND YOUTH



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Director of National Drug Control Policy

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U.S. Department of Transportation
**National Highway Traffic Safety
Administration**





President Clinton's Directive

President Clinton, in his weekly radio address to the nation on October 19, 1996, urged stronger measures to reduce the incidence of drug use by teens and reduce driving under the influence of drugs in general. That same day, the President asked the Director of National Drug Control Policy and the Secretary of Transportation to present recommendations to him within 90 days that would meet the two goals.

The President's directive specifically requested that the recommendations consider the following points: 1) drug testing for minors applying for driver licenses; 2) zero tolerance laws that make it illegal to drive with any amount of an illicit drug in the driver's body; 3) driver license revocation for persons driving under the influence of drugs; 4) driver license revocation for other drug offenses; 5) methods to improve identification and prosecution of drivers impaired by drugs; 6) federal incentives for effective state programs to fight drugged driving; and 7) technologies to assist law enforcement to identify drivers impaired by drugs or alcohol.

A task force, led by the Department of Transportation (DOT) and the Office of National Drug Control Policy (ONDCP), and including representatives from the Departments of Education (DOE), Health and Human Services (DHHS), and Justice (DOJ), studied the issues. The task force reviewed relevant background information, consulted with interested agencies, organizations, and constituencies (including almost 6,000 youth in 27 states, the District of Columbia, the Cherokee Nation and the Virgin Islands), considered possible remedies, and drafted recommendations for consideration. The Secretary of Transportation and the Director of National Drug Control Policy are pleased to offer the recommendations contained herein.



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Background: Drug Use by Youth

Drug Use by American Youth is Increasing

In the last few years America has made significant progress against drug use and related crime. For example, the number of Americans who use cocaine has been reduced by 30% since 1992. However, the evidence is clear that drug use among American youth is increasing. Drug use by youth peaked in the late 1970s and then declined steadily through the next decade. It began to increase again in the early 1990s. These trends are documented in the 1996 *Monitoring the Future Study*, a self-reported survey of 49,000 8th, 10th, and 12th grade students which reports drug, alcohol, and tobacco use, along with attitudes toward drug use. This study has been conducted annually for 22 years by the University of Michigan. The proportion of 8th graders using illicit drugs (including LSD, other hallucinogens, amphetamines, stimulants and inhalants) in the past year more than doubled since 1991 (11% to 24%), and 12th grader use increased by more than one third (29% to 40%).

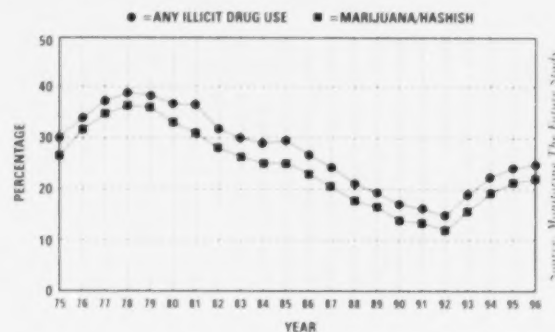
Marijuana use showed the sharpest increase (for example, the proportion of 8th graders using marijuana in the past year tripled since 1991, rising from 6% in 1991 to 18% in 1996). In addition, the perceived risk of using drugs declined throughout the 1990s (perceived "great risk" of occasional marijuana use among 12th graders dropped from 41% in 1991 to 26% in 1996).

These findings are confirmed by several other national surveys. *The National Household Survey of Drug Abuse* (1994), sponsored by the Department of Health and Human Services (DHHS), reported that marijuana use by 12-17 year olds increased from 1991 to 1994. *The Youth Risk Behavior Survey* (1995),

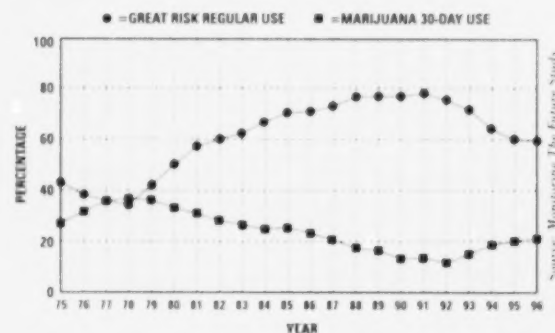
sponsored by the Centers for Disease Control (CDC), found that 26% of 12th graders reported using marijuana within the past month. The *9th Annual Survey of Students* (1995-96), conducted by the National Parents' Resource Institute for Drug Education (PRIDE), found that the proportion of 9-12th graders who said they had used marijuana during the past year more than doubled, rising from 17% in 1991-92 to 34% in 1995-96.

The evidence is clear and consistent: while still well below the peak levels attained in the late 1970s, youth drug use has risen steadily in the 1990s.

Long-Term Trends in 30-Day Prevalence of Use of Various Types of Drugs for 12th Graders 1975-1996



Trends for Past 30 Day Drug Use 1975-1996





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Marijuana Is Harmful

Research shows that marijuana is harmful to the brain, heart, lungs, and immune system. It limits learning, memory, perception, judgment, and complex motor skills like those needed to drive a vehicle. Marijuana smoke typically contains over 400 compounds, some of which are carcinogenic. In addition, new evidence suggests that marijuana may be addictive and that, among heavy users, its harmful short-term effects on alertness and attention span last more than 24 hours.

Driving While Under the Influence of Drugs Is Not Uncommon

The nature and extent to which drugs other than alcohol are a serious highway safety problem among the general driving population cannot be specified with certainty. While good data exist on alcohol-involved crashes, data are limited regarding what drugs, at what levels, impair driving and cause crashes.

The available information from studies of drivers who have been involved in crashes indicates that many have used drugs. The National Highway Traffic Safety Administration (NHTSA) estimates that drugs are used by approximately 10% to 22% of drivers involved in crashes, often in combination with alcohol. In a NHTSA study of 1,882 fatally injured drivers from seven states in 1990-91, alcohol was found in 51.5% and other drugs were found in 17.8% of the drivers. Of the 17.8 % of the drivers found to have used other drugs, alcohol was present in two-thirds (11.4%) and drugs alone in one-third (6.4%). Marijuana was found in 6.7% of the fatally injured drivers, cocaine in 5.3%, benzodiazepines in 2.9%, and amphetamines in 1.9%.

Studies of drivers injured in crashes or cited for traffic violations also show that many have used drugs. In an ongoing NHTSA study of non-fatally injured drivers in Rochester, New York, 12% of all drivers tested positive for

drugs other than alcohol (43 out of 360 cases), and 23.5% of drivers under 21 years old tested positive for drugs other than alcohol (4 out of 17 cases). Studies of drivers taken for medical treatment have shown positive drug rates ranging from below 10% to as high as 30% to 40%. Studies of drug incidence among drivers arrested for motor vehicle offenses have found drugs in 15% to 50% of drivers. The higher rates typically are more prevalent among drivers who have been arrested for impaired or reckless driving but who were not impaired by alcohol (as shown by low BAC levels).

Self-reported information confirms that teenagers use marijuana in driving situations. PRIDE's *9th Annual Survey of Students*, an annual self-administered questionnaire given to students in grades 6-12, sampled 129,560 students in 26 states during the 1995-1996 school year. Students in the 12th grade reported that 20.0% smoke marijuana in a car, 16.3% drink beer in a car, 12.5% drink liquor in a car, and 9.5% drink wine coolers in a car. When all senior high school students were asked if and where they use marijuana, they reported: 23.9% at a friend's house, 15.9% in a car, 11.6% at home, 6.5% at school, and 19.5% in other places. In informal discussions with almost 6,000 teenagers conducted for this task force by youth-oriented organizations including Students Against Driving Drunk (SADD), PRIDE, the National 4-H, and the United National Indian Tribal Youth, about two-thirds reported that they personally know someone who has driven a car after using marijuana or another drug.



Laws

State Laws Regarding Driving Under the Influence of Drugs

It is illegal in all states to drive a motor vehicle under the influence of either alcohol, drugs other than alcohol, or a combination of alcohol and other drugs. The term "drug" (other than alcohol) varies from state to state. Some states include any substance that can impair driving performance while other states list specific substances. Forty-eight states and the District of Columbia have "per se" alcohol laws that make it illegal to drive with more than a specified alcohol concentration (Blood or Breath Alcohol Content, or BAC) in the driver's body, such as 0.08 or 0.10 BAC for adults. However, only seven states have a per se drug law that makes it illegal to drive with more than a specific amount of a controlled substance in the driver's body.

Most states have "implied consent" laws for drugs under which a driver implicitly

consents to a chemical test if a law enforcement officer has arrested the driver for, or has probable cause to suspect that the driver has committed, a drugged driving offense. All states have implied consent laws for alcohol. Implied consent laws also allow law enforcement officers to request a physical skills test to obtain information on the driver's level of impairment. Signs of impairment establish probable cause that a driver has been operating a motor vehicle under the influence of alcohol or other drug. Failure of a chemical test (with a BAC exceeding the state *per se* level), or the refusal to submit to a chemical test, results in a driver's license suspension or revocation. A few states have a "one test" rule which allows only a single chemical test (for alcohol or drugs). The following table summarizes state laws relating to drug use and driving.

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TABLE OF STATE LAWS RELATED TO DRUG USE AND DRIVING

November 8, 1996

S T A T E	Driving Privileges Suspended or Revoked for a Drug Offense Conviction				Drug Use and Motor Vehicle Operation ¹				Habitual Drug Users Ineligible to Obtain Driving Privileges ²	
	Yes ³	No	Meets 23 USC §159 Criteria ⁴	Meets 23 USC §159 Via Resolution ⁵	Illegal to Drive While Under the Influence of Drugs ⁶	Implied Consent Law Applies to Drugs ⁷	ALR ⁸ Law Applies to Drugs	Illegal to Drive with Any Amount of a Controlled Substance in the Body	Any Drug	Controlled Substances
AL	X		X		All Drugs	No				X
AK				X	Controlled Substances	No			X	
AZ				X	All Drugs	Yes		X		X
AR	X		X		All Drugs	Yes	X ⁹		X	
CA	X		X		All Drugs	Yes			X	
CO				X	All Drugs	Yes				X
CT				X	All Drugs	Yes				
DE	X		X		All Drugs	Yes	X ⁹			X
DC	X		X		All Drugs	Yes	X ⁹		X	
FL	X		X		Controlled Substances	Yes			X	
GA	X		X		All Drugs	Yes		X	X	
HI				X	Controlled Substances	Yes				X
ID				X	All Drugs	Yes	X ⁹			X
IL				X	All Drugs	Yes	X ⁹	X	X	
IN	X		X		All Drugs	Yes		X	X	
IA				X	All Drugs	Yes				X
KS				X	All Drugs	Yes			X	
KY				X	All Drugs	Yes				X
LA				X	Controlled Substances	Yes				
ME				X	All Drugs	Yes				

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TABLE OF STATE LAWS RELATED TO DRUG USE AND DRIVING

(continued)

S T A T E	Driving Privileges Suspended or Revoked for a Drug Offense Conviction				Drug Use and Motor Vehicle Operation ¹				Habitual Drug Users Ineligible to Obtain Driving Privileges ²	
	Yes ³	No	Meets 23 USC §159 Criteria ⁴	Meets 23 USC §159 Via Resolution ⁵	Illegal to Drive While Under the Influence of Drugs ⁶	Implied Consent Law Applies to Drugs ⁷	ALR Law Applies to Drugs	Illegal to Drive with Any Amount of a Controlled Substance in the Body	Any Drug	Controlled Substances
MD				X	All Drugs	Yes			X	
MA	X		X		Controlled Substances	No				
MI				X	Controlled Substances	Yes				
MN				X	Controlled Substances	Yes	X ⁸	X ⁹		X
MS	X		X		All Drugs	No				X
MO				X	All Drugs	Yes				X
MT				X	All Drugs	Yes				X
NE				X	All Drugs	Yes				
NV				X	Controlled Substances	Yes				
NH				X	Controlled Substances	Yes				
NJ	X		X		Controlled Substances	No				
NM				X	All Drugs	Yes			X	
NY	X		X		Controlled Substances	Yes				
NC				X	All Drugs	Yes				X
ND				X	All Drugs	Yes			X	
OH	X		X		Controlled Substances	Yes				X
OK	X		X		All Drugs	Yes			X	
OR				X	Controlled Substances	Yes				X
PA	X		X		Controlled Substances	Yes				X
PR	X		X		Controlled Substances	No			D.S.	D.S.

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TABLE OF STATE LAWS RELATED TO DRUG USE AND DRIVING

(continued)

S T A T E	Driving Privileges Suspended or Revoked for a Drug Offense Conviction				Drug Use and Motor Vehicle Operation ¹				Habitual Drug Users Ineligible to Obtain Driving Privileges ²	
	Yes ³	No	Meets 23 USC §119 Criteria ⁴	Meets 23 USC §119 Via Resolution ⁵	Illegal to Drive While Under the Influence of Drugs ⁶	Implied Consent Law Applies to Drugs ⁷	ALR Law Applies to Drugs	Illegal to Drive with Any Amount of a Controlled Substance in the Body	Any Drug	Controlled Substances
HI				X	All Drugs	Yes		X	X	
SC	X		X		All Drugs	Yes			X	
SD				X	All Drugs	Yes			X	
TN				X	All Drugs	Yes				X
TX	X		X		All Drugs	Yes			X	
UT				X	All Drugs	Yes	X ⁸	X	X	
VT				X	Controlled Substances	Yes				
VA	X		X		All Drugs	Yes			X	
WA				X	All Drugs	Yes				
WA				X	All Drugs	No	X ⁸			X
WI	X		X		All Drugs	Yes			X	
WY				X	Controlled Substances	Yes			X	
T O T A L S	(20) ⁹		20	32	All Drugs = 35 Controlled Substances = 17	Yes = 15 No = 7	8	7	21	18



TABLE OF STATE LAWS RELATED TO DRUG USE AND DRIVING

(continued)

1. Information was obtained from the National Highway Traffic Safety Administration's *Digest of State Alcohol-Highway Safety Related Legislation* (15th Edition).
2. Information was obtained from the National Highway Traffic Safety Administration's *Driver Licensing Laws Annotated* (1980).
3. Present information was obtained from the Federal Highway Administration, identifies only those states that have a law providing for licensing action for a drug offense conviction which complies with the criteria of 23 USC §159.
4. Federal law, 23 USC §159, requires that a state suspend a person's driving privileges for at least 6 months if they are convicted of violating either federal or state controlled substances laws. A state's failure to enact such a law can result in the loss of federal highway construction funds. However, 23 USC §159 provides that a state can avoid this sanction if its governor submits to the U.S. Department of Transportation a legislatively approved certification declaring the governor's opposition to such licensing action. Information for this column was obtained from the Federal Highway Administration.
5. Most state laws make it a criminal offense to operate a motor vehicle while under the influence of any drug or substance. However, a few state statutes provide that it is only illegal to operate a motor vehicle while under the influence of a controlled substance.
6. In brief, an implied consent law provides that a person, if they are stopped or arrested for an alcohol or drug related driving offense, is subject to having their license suspended or revoked if they refuse to submit to a chemical test for alcohol concentration or drug content. An alcohol or drug related driving offense can include driving either while under the influence of alcohol or drugs, with a blood alcohol concentration at or above a certain level such as 0.10 or with any amount of a controlled substance in the body.
7. An Administrative License Revocation (ALR) law allows a state to either suspend or revoke a driver's license via an administrative procedure which is not related to a conviction for an alcohol or drug related driving offense. Normally, such action occurs if a person was driving at or above a specified blood alcohol level (usually 0.10). However, in a few states, such action may be taken if a person was driving either while under the influence of drugs or with any amount of a controlled substance in their body.
8. Administrative licensing action can be taken for driving while under the influence of drugs.
9. Administrative licensing action can be taken based upon driving with any amount of a controlled substance in the body.
10. Administrative licensing action can be taken based upon driving with any amount of a controlled substance in the body except marijuana.
11. Does not include marijuana.

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Administrative License Revocation Laws

Thirty-nine states and the District of Columbia have Administrative License Revocation or Suspension (ALR) alcohol laws under which the driver's license of an offender may be revoked or suspended administratively for driving with a BAC over the state's *per se* limit. This license action may take effect regardless of the outcome of any criminal charges. Seven states and the District of Columbia have ALR drug laws under which a driver's license may be revoked or suspended for driving under the influence of drugs other than alcohol.

Research shows that ALR laws can prevent driving while impaired by alcohol. One study found that ALR laws reduced fatal traffic crashes occurring at night by about 9%. Nighttime fatal crashes are more likely to involve alcohol than fatal crashes at other times.

Laws Specific to Persons Under Age 21

"Zero tolerance" laws set a BAC level of 0.02 or less for drivers under the age of 21 — for all practical purposes a BAC level this low prohibits any alcohol. A youth in violation of these laws loses his or her driver's license. A NHTSA evaluation of Maryland's .02 law showed an 11% decrease in the number of drivers under age 21 involved in crashes who police reported as "had been drinking." A recent study of 12 states that enacted zero tolerance laws found a 16% reduction in single vehicle nighttime fatal crashes that involved young drivers, compared to a 1% increase in 12 comparison states. Several states have "use-lose" laws under which a person under the age of 21 who "uses" (purchases, possesses, transports, or consumes) alcohol may "lose" his or her driver's license (the license may be suspended or revoked).

License Revocations and Convictions for Drug Offenses

In many states, convictions for any drug offense can result in the suspension or revocation of driving privileges. Most states do not distinguish between misdemeanor or felony drug offenses for the suspension or revocation of a driver's license. These drug offenses are criminal and may include possession, use or consumption, manufacture, and distribution of controlled substances. They do not require that the offense involve the use of a motor vehicle.

Laws in eighteen states, the District of Columbia, and Puerto Rico, comply with a federal requirement of the Section 159 program (23 USC Sec. 159). In these states, the driver's license is suspended for a minimum period of six months following a drug offense conviction. Other states also suspend or revoke the driver's license based on drug offense convictions, but their laws do not meet all the elements of the federal requirements.

Laws Related to Drugs or Youth

All states and the District of Columbia have a minimum drinking age of 21. These laws have reduced alcohol-related traffic fatalities among teenagers by 13%.

Graduated licensing programs have been implemented in 11 states to ease young drivers into the driving environment. Graduated licensing allows the beginning driver to learn driving skills in progressively more difficult driving situations by establishing different driver licensing stages leading to full licensure. The model graduated driver licensing system, developed by NHTSA and the American Association of Motor Vehicle Administrators (AAMVA), consists of three distinct stages: learner's permit, intermediate (provisional) license, and full license.

Different states have included different provisions in their graduated licensing



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programs. Most include a zero tolerance provision for young drivers during all stages. Eleven states currently have a three-stage licensing system with several recommended components. Four other states have several of the recommended components in a two-stage system. Three evaluations show crash and violation reductions for young drivers following introduction of graduated licensing. California reported a 5% reduction in crashes for drivers 15 to 17 years of age; Maryland reported a 5% reduction in crashes and a 10% reduction in convictions for drivers 16 to 17; and Oregon reported a 16% reduction in crashes for male drivers 16 to 17.

In addition to prohibitions against operating a motor vehicle while under the influence of any drug, California also makes it a criminal offense, in California Health and Safety Sec. 11550, for a person to be under the influence of certain controlled substances at any time.



Enforcement Issues

Drugged Drivers Are More Difficult to Detect, Arrest, and Prosecute than Alcohol-Impaired Drivers

A DUID (driving under the influence of drugs) case begins in the same way as a DUI (driving under the influence of alcohol) case: a law enforcement officer observes a person's driving actions, typically involving a traffic law violation, that give the officer a reason for stopping the vehicle. The officer then observes the driver's behavior and directs the suspect through a battery of Standardized Field Sobriety Tests. If these observations provide evidence of impairment, the officer has probable cause to arrest the driver. Generally, at this stage the driver is arrested and taken to a central location for breath testing. If little or no alcohol is detected and the officer believes that the driver is impaired by other drugs, a number of obstacles to a successful prosecution can appear.

First, in order to obtain a successful prosecution and conviction, the prosecutor must be able to establish both that the driver's ability to drive was impaired and that the cause of the driver's impairment was drugs. Most officers have no specialized training in detecting drug-impaired drivers. When an officer is able to take blood or urine for analysis, and when an impairing drug is found, prosecutors use toxicologists to testify to the drug's effects on the body. The prosecutor then attempts to draw the inference that the drug caused the driver's impairment. However, this is often difficult. There is a large body of scientific evidence relating blood alcohol levels (measured in BAC) to impairment on driving-related tasks and to increased crash risk. There is less evidence for other drugs (in part because drug presence in the body does not correlate to impairment — some drugs can be detected in the body many days, or even weeks,

after drug use). Consequently, these charges frequently may be dismissed or plea bargained. Officers are well aware of these potential attacks. Therefore, some officers are reluctant to charge impaired suspects unless their BAC exceeds the legal alcohol limit.

In addition to the lack of scientific evidence correlating drug levels in the blood to impairment for driving-related tasks, there are other obstacles to obtaining DUID convictions. Without such evidence, many judges are reluctant to admit extensive testimony on drugs other than alcohol and their symptomatology. Jurors have more real-world experience with alcohol impairment than drug impairment and may inadvertently require more drug evidence to render a guilty verdict on a DUID charge. This may, in effect, set up a barrier to successful prosecution of DUID offenses. Many jurisdictions can ask suspects to submit to two tests, one for alcohol and one for drugs, but most will prosecute only for alcohol impairment, or for impairment by a combination of alcohol and other drugs. Prosecutors may favor pressing the familiar alcohol charge, or using the evidence of drugs only for plea bargaining. In most jurisdictions, very little specialized training is offered to officers or prosecutors in how to successfully collect evidence and prosecute the drug impaired driver, or to judges on the admissibility of such evidence.

Drug Evaluation and Classification Program for Law Enforcement Officers

NHTSA, the International Association of Chiefs of Police (IACP), and the Los Angeles Police Department developed the Drug Evaluation and Classification (DEC) program, which trains police officers to recognize the signs and symptoms of drug use and to classify the drug causing a person's impairment. DEC



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assists officers in arresting and convicting drivers impaired by drugs other than alcohol. The DEC process is a systematic, standardized, post-arrest procedure used to determine whether a suspect is impaired by one or more categories of drugs. It is a systematic process because it is based on a variety of observable signs and symptoms proven to be reliable indicators of drug impairment. Officers who complete an extensive training program of 80 classroom hours plus supervised field experience are certified as Drug Recognition Experts (DREs). DREs learn to observe a suspect's appearance, behavior, performance of psychological tests, eye movements in different lighting conditions, and vital signs to ascertain what category or categories of drugs are causing the impairment. This evaluation takes about one hour and is conducted in a controlled environment such as a police station. A blood or urine sample is submitted to a laboratory for analysis and corroboration of the DRE's conclusion. There are 4,500 trained DREs in 32 states (fewer than 1% of all law enforcement officers).

The DEC program has been shown to be an effective tool in removing the drug-impaired driver from the highway. DEC officers are highly effective in identifying drug impairment and obtaining convictions for over 90% of those charged with DUID. Further, officers trained under this program are more adept at detecting alcohol impairment than other officers. However, in DEC sites, the number of DUID convictions is only about 1-2% of the number of DUI convictions. Even with DEC training, DUI is far easier to identify and successfully prosecute than DUID, and drug impairment frequently occurs in combination with alcohol impairment. Data collected from some states indicate that a significant percentage of DRE evaluations have been conducted on suspects under the age of 21. For example, in 1995, 8% of the evaluations conducted in New Mexico were on arrestees under age 21 (and the state does not routinely

test for marijuana); in a study of 500 DRE cases in Arizona, 10.4% of arrestees were under age 21; in 1996, Maine reported 27.6% of the DRE evaluations conducted were on subjects under age 21; in the first five months of 1996, New York State Police data indicate that 29.75% of DRE evaluations were under age 21; and in the first nine months of 1996, Oregon State Police reported that 14.6% of the evaluations were conducted on subjects under age 21.

Drug Training and Information for Prosecutors and Judges

Training and information (including basic information about drugs and driving, research studies, case law, and sample briefs) are now available through NHTSA, the National Traffic Law Center, the National District Attorneys Association, the National Association of Prosecutor Coordinators, the National Judicial College, and the National Association of State Judicial Educators. In particular, training is provided to prosecutors and judges in communities with DEC programs, but formal training is infrequently conducted. These resources should be provided to additional prosecutors and judges and should emphasize issues involving youthful offenders.

Many prosecutors and judges, especially those who deal with juveniles, are eager to join in community drug prevention programs. As community leaders, they can bring both authority and resources to these efforts. In addition, prosecutors and judges may be responsible for assuring that judicial sentences and other requirements (assessment, treatment, and diversion programs) are carried out. They can also help involve families in rehabilitating offenders.



Drug Testing

Drug Testing Experiences

The federal government administers a drug testing program that covers about 467,000 federal employees in safety- and security-sensitive positions. The program includes pre-employment, reasonable suspicion, accident or unsafe practice, random, return-to-duty, and follow-up testing. Tests are conducted under DHHS's Mandatory Guidelines for Federal Workplace Drug Testing Programs (59 FR 29908; June 9, 1994). Under these guidelines, DHHS certifies commercial laboratories to conduct urine tests for five drugs (marijuana, opiates, cocaine, amphetamines, and PCP). There are detailed protocols for testing, a chain of custody procedure, confirmation testing, and a review of the results by a Medical Review Officer (MRO). These protections are a major factor in the successful defense of the program against legal challenges.

DOT requires transportation employers to conduct drug and alcohol tests on the over 8 million safety-sensitive transportation workers. Covered employees include truck and bus drivers, transit vehicle operators, airline flight crews, shipboard personnel on a wide variety of vessels, railroad operating crews, and pipeline operators. For instance, the Federal Railroad Administration (FRA) drug testing rule applies to employees subject to the Hours of Service Act (train and engine crews, employees engaged in the communication of train orders, and employees engaged in maintenance of signal systems).

The Department of Defense (DoD) requires random urinalysis of military personnel. Each year the DoD conducts 2.8 million urinalysis tests on its military population of 1.5 million uniformed personnel. Approximately 0.5% to 1% of the individuals test positive for illegal substances. Additionally, the three Military Services administer drug

tests to all recruits either at Military Entrance Processing Stations or Recruit Training Commands. Even though the recruits receive substantial advance notice that they will be drug tested, some 3.2%, or approximately 8,800 recruits, tested positive for illicit drugs in Fiscal Year 1996. DoD operates six drug-testing laboratories for the analysis of military personnel drug specimens.

In addition to these broad federal programs, drug testing programs also are conducted in other contexts, such as for state, local and private employees; high school and professional athletes; and individuals who have been incarcerated in prison or who are on parole. If states were to develop drug testing programs for young people prior to their obtaining a driver's license, states should be sensitive to upholding constitutional standards under the Fourth Amendment (reasonable "search" in the procurement of the individual's blood, breath, urine, or other specimen), and under the equal protection clause and the due process clause. States also should take into account statutory requirements which may bear on the implementation of a drug testing program, such as the Age Discrimination Act and the Americans with Disabilities Act. Many drug testing programs have been challenged in court, and it is likely that drug testing programs that are developed in the future will be challenged as well. Generally, the courts have upheld drug testing programs that are reasonably designed to promote important government interests (such as protecting public safety), use proper collection procedures, and employ laboratory analysis procedures that ensure the accuracy of drug testing results.

Methods of Drug Testing

Urine testing is relatively inexpensive and represents the most widely accepted methodology for drug testing. It is scientifically



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reliable and, as a result, numerous state and federal courts have upheld urinalysis results. Laboratory-based urine testing is the methodology of choice for drug testing within the federal government and the military, as well as in industry and workplace drug testing programs. On-site urinalysis is utilized on a more limited basis.

There also is an extensive body of literature on the use of blood testing. Blood testing is used in post mortem death investigations, by law enforcement officers to establish driving under the influence of drugs, in post-accident investigations conducted by the National Transportation Safety Board and the FRA, for clinical diagnosis for drug overdose purposes, and in research on pharmacologic agents. While the intrusion needed to obtain a sample is greater with blood than with other methods, the use of blood has been accepted and routinely upheld by the courts for both criminal and civil purposes.

Hair analysis has been accepted by a number of courts for cocaine testing. However, courts also have recognized some potential limitations of its use. For example, at least two courts have observed that hair analysis may not reliably indicate that an individual used a drug one time, or sporadically, as opposed to habitual or chronic use. There is some basis for questioning its use in detecting marijuana (the drug most commonly used by young people) because of methodological problems in detecting marijuana in hair. Also, the hair of a non-smoking individual could possibly absorb ambient marijuana smoke or other smokable drugs. In addition, the use of hair analysis may raise concerns of discrimination because test results reportedly may vary according to a subject's race, gender and hair length and color.

Sweat patches and saliva testing are emerging methods that are currently being used in limited situations. Sweat patches are used in the gaming industry for pre-employment testing and saliva testing is used by the

criminal justice system for monitoring parolees and prisoners. To date, there have been no reported judicial decisions that address the reliability or admissibility of these testing methods.

Drug Testing Procedures

The DOT and DHHS programs for employees use well-established collection, testing, and reporting procedures that have consistently been upheld by the courts. Under these procedures, at the time of testing, employees are directed to specific locations that are capable of collecting urine to be used in the drug tests. Employees must provide positive identification when they appear at the location. Standardized procedures are used to ensure, for example, that privacy is protected and that specific specimens belong to specific employees.

Urine specimens are forwarded from the collection sites to laboratories certified by DHHS where the drug tests are performed. All samples are screened using FDA approved immunoassay for five drugs — marijuana, cocaine, amphetamines, opiates, and PCP. Confirmation tests are conducted on all positive screened urine specimens and results are certified by a laboratory scientist. Laboratories have fixed testing levels for screening and confirmation to rule out non-drug use (i.e., to avoid a positive result due to passive inhalation or ambient exposure).

Test results are reported to physicians (Medical Review Officers, or MROs) and, in the case of a positive result, the MRO confers with the employee to determine whether the positive test result was caused by a legitimate use of medication. Legitimate medical use is reported as a negative result; non-medical use is reported as a positive result.

Some programs, such as those for state, local or private employees and athletes, use procedures that are similar (urinalysis is still used), but more flexible. For example, the employees may be permitted to be tested by



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any laboratory, rather than a DHHS-certified laboratory, and the laboratory may use procedures for the sample's collection, handling and transportation that are not standardized. These procedures may be quicker and easier to use, but they also may offer less credibility and may be less likely to withstand a legal challenge.

Drug Testing Costs and Time Requirements

It is estimated that conducting drug tests using DOT/DHHS-approved procedures for collection, testing, and reporting would cost \$35 to \$45 per test, and results would be available (for both screening and confirmation tests) within 3 to 5 days. These procedures require standardized collection steps that are used at over 10,000 sites across the U.S., testing at any of the 71 DHHS-certified laboratories, and review of positive results by qualified physicians.

It is estimated that once facilities are constructed and operating, conducting drug tests "on-site" (i.e., at a state Division of Motor Vehicles facility) would cost \$25 to \$45, and more if positive-screened specimens are forwarded to a laboratory for confirmation. If the results of onsite screening tests are negative, these results would be available within a few hours. If the results of these screening tests are positive, confirmation would be required and the results would be available within 3 to 5 days.

Detection of drug use could be potentially enhanced by using random testing. Costs could be reduced by randomly testing only a portion of the applicants rather than testing every applicant. It is likely that test costs would increase if specimens other than urine are used. For example, according to DHHS, the cost range for a blood test is from \$50-\$200. Saliva test costs are similar to blood (\$50-\$200) and hair testing costs are \$50-\$100.

The Administration is involved in research and assessment of the state-of-the-science in less invasive alternative specimens and in accurate, reliable, and less expensive testing technologies. This research is being conducted by the National Institute on Drug Abuse, National Institutes of Health.



Prevention and Treatment

Education Strategies for Drugs and Driving

Federal agencies spend hundreds of millions of dollars annually on drug prevention, education, and treatment activities. Current federal drug prevention efforts, such as the Safe and Drug Free Schools (SDFS) Program and the Center for Substance Abuse Prevention (CSAP) Program, should be used to provide schools and community groups with information about promising programs, practices, and strategies to reduce drugged driving. These programs have the capability of reaching a significant portion of youth. For example, the SDFS Program involves approximately 97% of school districts in the country. In general, programs related to driving should include more of an anti-drug component and programs related to drug prevention should include more emphasis on drug use and driving than at present.

States should be encouraged to include information on drug use and driving in their driver's manuals and include questions about drugs in driver's license exams. State agencies should work with state and local partners — local governments, businesses, organizations, sports, clergy, and advocate groups — to identify promising programs and provide information via web sites to schools and communities. One problem in developing drugged driving programs is the lack of data on the nature and scope of the drug problem at the local level. States also should be encouraged to collect data on drug use and driving; to do so, law enforcement will need additional training.

Education strategies should extend beyond the target youth audience. The general public needs to be made aware of the dangers, laws, enforcement, and sanctions associated with drugged driving. States should develop materials and public information campaigns about

drug use and drug-impaired driving, and should include drug use and drugged-driving information in alcohol-impaired driving awareness efforts. Studies show that laws and enforcement efforts should be publicized to maximize deterrent effects.

Intervention and Treatment for Drugs

Within appropriate legal limitations, those who test positive for drugs at the time of driver's license application should be given the opportunity to obtain counseling, treatment, or other appropriate interventions. Persons who test positive may only be experimenting with drugs or they may have a serious substance abuse problem. Those who test positive should be assessed and referred to appropriate interventions as a condition of reapplying for a driver's license.

It is beyond the scope of this report to address the complex issues regarding drug assessment and intervention for youth. These issues include the authority to impose interventions, the assessment instruments to be used, what agencies should be responsible, and how assessment and treatment should be funded. In addition, constitutional protections must be considered regarding the consent of minors, particularly in the area of the right to privacy and confidentiality of medical and court records. Youth substance abusers may have multiple diagnoses, dysfunctional families that cannot provide sufficient support, or suffer from emotional or physical abuse.

With these issues in mind, the following are examples of how drug interventions for youth could be incorporated within a drug testing program. After the first positive drug test, a screening could be conducted to determine if the youth has a substance abuse problem. If the screening indicates no addictive disorder, interventions would not include



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substance abuse treatment, but would include denial of the driver's permit and could also include participation in a drug education program or other interventions as a condition of reapplying for a driver's license. If the screening indicates that there is an addictive disorder, the interventions could include referral for a more detailed assessment and then treatment, in addition to the denial of the driver's permit and other appropriate measures. If a youth has a subsequent positive drug test, he or she would be referred for assessment and treatment if a referral had not been made previously. Interventions at this point could include driver license suspension, revocation, or denial, and could also include a curfew, fines, or the execution of a contract between youths and their parents agreeing to participate together in a treatment program. This system could be implemented within a graduated driver licensing system.



Conclusions

Youth Drug Use is Increasing

While still well below the peak levels attained in the late 1970s, and after a decade of declining use during the 1980s, drug use among youth has risen steadily in the 1990s. Marijuana use has shown the sharpest increase. The 1996 Monitoring the Future Study found that 18% of 8th graders had used marijuana in the past year, compared to 6% in 1991. Among 12th graders, marijuana use in the past year increased from 24% in 1991 to 36% in 1996. DHHS, the CDC, and PRIDE show similar recent increases in reported drug use.

These recommendations define "youth" as persons under the age of 21 since this provides consistency with federal policy on alcohol use. In 1995 there were 21.95 million young people aged 15-20 in the U.S. Of these, 11.92 million were licensed drivers.

Actions are Required to Reduce Drug Use and Drugged Driving

A better DUID system is needed — stronger laws, more consistency in enforcement, prosecution, adjudication, prevention, education, publicity, drug testing, and treatment for drug use when appropriate. Such a system has reduced driving under the influence of alcohol, especially for youth, and could do the same for other drugs.

Detection and prosecution for DUID are difficult. States need to improve DUID laws for all drivers, with some special provisions for youth. Drugs that impair should be covered in DUID laws with zero tolerance for illicit drugs. Implied consent laws should provide for the testing of either blood or urine for any drug content and states may consider testing other bodily substances (i.e., hair, saliva, sweat). Laws must provide for effective enforcement and prompt sanctions. Driver's license sanctions for non-driving drug offenses should be considered.

Detection, prosecution, and conviction rates will increase by improving the knowledge of law enforcement officers, prosecutors, and judges through training. Current training programs need only be expanded. There is a need for improved chemical drug testing technology that will be quick, affordable, and easy to use. Pre-licensure and for-cause drug testing should reduce driving under the influence of drugs. Other benefits should include the deterrence of drug use and the referral to drug treatment for those who need it.

Finally, states and local communities need to educate youth through targeted strategies and inform the general public about the consequences of drug use (health risks, societal costs, delayed maturity for young people, reduced productivity and potential, as well as delayed intellectual and emotional growth) and of drugged driving (risk of traffic crashes, injuries, arrest, and sanctions).

States Should Receive Assistance to Test Solutions and Pass Necessary Laws

A 4-part strategy will assist states in implementing a systematic and comprehensive state DUID system.

First, a federally funded demonstration program, conducted by 2-4 states over two years, would provide support to states to devise and test essential core elements of pre-licensure testing. The demonstration states would have considerable flexibility in implementing the program, which would be fully evaluated through a single, independent evaluation.

Second, a new incentive program, similar to the successful Section 410 drunk driving incentive grants program, would improve the state drugged driving laws and programs which are an essential component of an effective DUID system. The program would provide grant funding, to states that meet specific criteria, to support activities related to the



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President's goals of reducing drug use by youth and reducing drugged driving in general.

Third, state drugged driving enforcement, prosecution, adjudication, and publicity should be expanded and strengthened with federal support. Continued basic research on drug effects and drug detection methodology is essential.

Finally, prevention, education and treatment for drug use should be expanded and thoroughly integrated into the systematic strategy. In particular, persons identified as having used drugs through a positive drug test or DUID arrest should be referred to drug assessment and appropriate treatment.

Views of Interested Groups

Efforts to reduce the incidence of drug use by teens and to reduce driving under the influence of drugs in general have wide public support. Discussions with many individuals and organizations representing law enforcement, prosecutors, judges, highway safety officials, motor vehicle administrators, citizen groups, treatment providers, educators, public health providers, researchers, and the general public show a broad consensus for the overall policy directions recommended in this report.

The views of those directly affected — the nation's youth — are especially critical. To learn their views, informal nationwide focus groups and discussions with almost 6,000 teenagers were conducted for this task force by youth-oriented organizations including SADD, PRIDE, the National 4-H, and the United National Indian Tribal Youth in December, 1996. Almost two-thirds favored requiring a drug test before a young person could receive a driver's license. Over three-quarters believed that all drivers should be drug tested after traffic violations or serious crashes and about 60% believed it should be illegal for a driver to have any marijuana in his or her system. Approximately one-third felt that pre-licensure drug testing by itself would decrease drug use. About half felt that greater enforcement of drugged driving laws combined with pre-licensure testing would change drug use behavior. About two-thirds said they personally knew someone who has driven a car after using marijuana or another drug other than alcohol. These views strongly suggest that the task force's recommendations will be generally supported by youth and will in fact help reduce both drug use and drugged driving by young people.



General Recommendations

A systematic strategy to reduce drug-impaired driving can address both Presidential goals.

A systematic strategy based on impaired driving has been successful in changing behavior with respect to alcohol. It has been particularly effective for youth, in part because the driver's license is an effective motivator for youth. A similar strategy should be implemented for drug-impaired driving. The strategy must be systematic and comprehensive, with strong laws combined with effective enforcement, prosecution, adjudication, prevention, education, publicity, drug testing, and treatment for drug abuse problems when appropriate.

Drug testing for driver's license applicants can be an effective component of this systematic strategy. A demonstration program is the most effective first step.

Pre-licensure testing would send an important message to America's youth that drugs and driving don't mix. It should be instituted as part of a systematic strategy to deter drug use and drugged driving. Pre-licensure testing, by itself, should reduce drug use and drugged driving by some youth. If combined with some form of unscheduled testing, after crashes or driving violations, its effects should be even greater and will promote public safety. Drug testing would also identify youth who are experimenting with or using drugs so that they can be referred to drug assessment and appropriate interventions as a condition of reapplying for a driver's license.

Many choices must be made in implementing a pre-licensure program: who should be tested, when and by whom should they be tested, for what drugs, and under what circumstances. Some options raise substantial legal

issues; some are quite expensive. Others raise procedural or logistical issues or may have unexpected effects. As a first step, a 2-4 state demonstration program will encourage different approaches to be tested and evaluated and can be implemented at a reasonable initial cost.

Strong state laws provide the basis for a systematic approach.

Strong alcohol-impaired driving laws have been effective in reducing alcohol-related crashes. Strong laws also have helped change the public's attitude so that drinking and driving is no longer socially acceptable. Similar laws should be instituted for drugged driving. Implied consent, administrative license revocation, and *per se* laws should be extended to drugs other than alcohol. Graduated licensing programs for beginning drivers should include provisions regarding drug use.

A state incentive grant program would encourage and assist states to improve and enforce their drugged driving laws. The grants should be separate from incentive grants for alcohol-impaired driving so that drugged driving activities receive appropriate attention.

Current programs for law enforcement, prosecutors, and judges are effective but should be implemented more widely.

The Department of Transportation's Drug Evaluation and Classification (DEC) program trains law enforcement officers to detect persons impaired by drugs. DEC has been implemented in some communities in 32 states and is highly effective in obtaining convictions for drug-impaired drivers. It should be expanded to other communities and states that seek to deter drugged driving. Currently-available information and training on drugged



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driving should be presented to all judges and prosecutors.

Publicity and education programs are essential components to changing behavior.

The federal government should develop and provide model materials on drugs, drug use, and drugged driving to the states for incorporation into driver's license examinations and drug information programs. The materials should provide practical information about drugs, the health risks of drug use, how drugs impede safe driving, and the driving sanctions for drugged driving and other drug law violations. States should develop public information campaigns, based on specific state laws and law enforcement efforts, to target a state's entire population, not just youth.

Prevention and treatment are fundamental elements that must be incorporated into the complete system.

Prevention can stop drug use and drugged driving before it occurs. Persons who use drugs, whether first-time users or habitual users, may be identified through the driving system's pre-licensure or for-cause drug tests. Prompt assessment can identify the extent of the drug use problem and treatment, and can stop some drug-use problems before they become worse. Persons who test positive for drugs should be referred to drug assessment and appropriate interventions. Treatment programs for youth should specifically address their needs and should be coordinated with or operated by the state alcohol and drug abuse agency.

Costs and schedule.

In FY 1997, ONDCP is making \$2 million available from existing resources to begin the pre-licensure drug testing demonstration. DOT

was appropriated \$599 thousand to support current education and technical assistance activities for law enforcement, prosecution, adjudication, and the general public. DHHS is making \$100 thousand available to begin other prevention and education activities. In FY 1998, the DOT budget includes \$2 million to continue the pre-licensure drug testing demonstration and \$476 thousand to continue education and technical assistance. The DHHS budget includes up to \$3 million to expand state drug treatment programs for adolescents. Priority for these funds will be given to states participating in the pre-licensure drug testing demonstration.

In FY 1999 and 2000, The President's Budget assumes the demonstrations will be completed with \$6 million funding each year (\$4 million ONDCP and \$2 million DOT). The budget request for incentive grants is \$10 million annually (\$5 million ONDCP and \$5 million DOT). DHHS drug treatment funding will continue at up to \$3 million annually to states participating in either the demonstration or the grant programs. Education and technical assistance activities will expand to \$2 million annually (\$1 million DOT and \$1 million ONDCP).

In total, in fiscal years 1997 through 2000, the President's Budget requests \$16 million for the pre-licensure drug testing demonstration, \$20 million for incentive grants to states, over \$5 million for education and technical assistance, and up to \$9 million for treatment, for a total of \$41 to \$50 million in four fiscal years. In addition, a large DHHS youth substance abuse prevention initiative beginning in FY 1997 will complement and support these recommendations.



Specific Recommendations

Conduct pre-licensure drug testing demonstration program in several states.

A demonstration program should be the first step to help states develop and implement effective pre-licensure drug testing to deter drug use, reduce drug impaired driving, and promote public safety. A demonstration program would address the President's point (1) and would allow various approaches to be evaluated for their efficiency and effectiveness. We recommend a two-to-four state program, for two years. A demonstration program would assist states in becoming laboratories for experimentation and innovation. It could be conducted under NHTSA's current Section 403 authority.

The President's Budget requests \$16 million in funding for the demonstration program: \$2 million each in FY 1997 and 1998, to enable states to begin planning and implementing their programs, and \$6 million each in FY 1999 and 2000, to conduct and evaluate the demonstrations.

The demonstration would specify only the essential core elements of pre-licensure testing. The demonstration states would have considerable flexibility in implementing the program. For example:

- First-time driver's license applicants under 18 must be tested. The states may choose to test others as well. For example, states could test all first-time applicants, regardless of age (this would increase costs only slightly, since most first-time applicants are teenagers, and it would reduce litigation risks based on charges of age discrimination). Each state should consider carefully how its testing program can best address its teenage drug use problems.
- Where should collection take place? Collection arrangements (for example, at a Motor Vehicle Department, a physician's office, or another site)

and procedures can be left to the states if procedures are in place to ensure donor privacy and verify that a specific specimen belongs to a specific donor.

- What drugs should be included in tests? Demonstration states must test for marijuana, the drug most commonly used by youth. Other drugs also may be tested at the states' discretion. In particular, states may test different drugs in different communities or at different times to address drugs in current use.
- What testing methodologies may be used? The government-standard methodology of urine screening, with confirmation by Gas Chromatography/Mass Spectrometry (GC/MS), is recommended. States may choose other methods if they can demonstrate that these methods are scientifically and legally supportable. States may test all license applicants or a randomly-selected sample of at least 25%.
- Should testing at times and places other than initial licensing be included? As part of the demonstration program, at least one state should include testing for cause (after a traffic violation or crash). Such testing requirements could be incorporated into a graduated licensing program for beginning drivers.
- What should be the consequence of a positive test? Driver license applicants should not be permitted to reapply for a specified period of time. States may wish to allow shorter suspension times for youth who are successfully carrying out their assigned drug treatment programs.
- Should a Medical Review Officer (MRO) be involved? All confirmed positive tests should be reported to an MRO to determine if legitimate medical reasons, under federal law, exist to explain the positive test results. If a legitimate medical reason exists, the MRO should report the result as a negative test.



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- All state demonstrations should include procedures to evaluate individuals who test positive for drugs and refer them to intervention and treatment programs where appropriate.
- Each state demonstration must evaluate and report on its operations and results. In addition, DOT would conduct an independent evaluation which would compare and report on all the demonstrations. The evaluations would analyze the effects of each demonstration on teenage drug use and would report on any unexpected effects.

Improve state drugged driving laws through incentive grants.

An incentive grant program would address the President's points (2), (3), (4), and (6). State drugged driving laws are inconsistent and frequently difficult to enforce. They often seriously hamper attempts by law enforcement and courts to deter drugged driving. While the Section 410 impaired driving incentive grants have been very successful in improving state alcohol laws and programs, the criteria directed at drugged driving has not been effective.

A new incentive grant program, modeled after the Department of Transportation's successful Section 410 alcohol-impaired driving incentive grants, should be instituted to improve state drugged driving laws and activities. The program should be separate from any incentive grants for alcohol-impaired driving, so that drugged driving activities receive appropriate attention. The program must be established by statute. Funding of \$10 million in FY 1999 and 2000 is included in the President's Budget and should generate substantial interest in a number of states.

To qualify for funds, a state would be required to meet a specified number of criteria established by statute. For example, a state might be required to satisfy any 5 of the following 9 sample criteria:

- enact zero tolerance laws that make it illegal to drive with any measurable amount of an illicit drug in the driver's body;
- establish that it is illegal to drive while impaired by drugs (licit or illicit);
- allow drivers to be tested for drugs if there is probable cause to suspect impairment;
- suspend the driver's license administratively (without criminal proceedings) for persons driving under the influence of drugs;
- suspend the driver's license for persons convicted of other drug offenses, even if not related to driving;
- incorporate drug use and drugged driving provisions into a graduated licensing system for beginning drivers;
- actively enforce and publicize drugged driving laws;
- provide an intervention program for drugged drivers that incorporates assessment and drug education, counseling, or other treatment as needed;
- provide drug education information to persons applying for or renewing a driver's license and include drug-related questions on the driver's license examination.

States could use the grant funds for activities related to the President's goals of reducing drug use by youth and reducing drugged driving in general. In particular, funds may be used to implement and enforce laws or conduct programs directed at the specific grant criteria.

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Enhance law enforcement, prosecution, adjudication, and research for drugged driving.

For laws to be effective, the system of enforcement, prosecution and adjudication must work well. Violators must be arrested, prosecuted promptly, and sanctioned appropriately if found guilty. Most important, the public must realize that violators will be arrested and, if convicted, penalized. Law enforcement, prosecutors, and judges must be ready and willing to do their part, as they already have done in many areas of the country. The activities described below, which address the President's points (5) and (7), would assist drugged driving enforcement, prosecution, and adjudication efforts.

Current drugged driving programs developed for law enforcement, prosecutors, and judges are effective, but they should be implemented more widely. The DOT's Drug Evaluation and Classification (DEC) program, implemented in communities in 32 states, trains law enforcement officers to detect persons impaired by drugs. DEC should be expanded to additional communities within the 32 states and to communities in other states. Up-to-date information and training on drugged driving should be presented to all judges and prosecutors.

Funding of \$699 thousand appropriated in FY 1997 and \$476 thousand requested in FY 1998 will support current and begin new prevention, education, and technical assistance activities for law enforcement, prosecutors, judges, and the general public. Funding requested in the President's Budget will increase to \$2 million annually in FY 1999 and 2000. Technical assistance funding would be used for:

- **Enforcement:** train all law enforcement officers in Standardized Field Sobriety Testing (SFST) techniques to detect impaired drivers, including basic information on drugs; expand DEC; and include drug activities in law enforcement

community programs. All impaired driving training should be based on the nationally accepted SFST/DEC training that meets the national certification standards of the IACP.

- **Prosecution:** expand drug information and training; involve prosecutors in community drug prevention programs.
- **Adjudication:** expand drug information and training; promote uniform sanctions for drug offenses; refer drug offenders to assessment and treatment; involve judges in community programs.
- **Outreach:** publicize drug-related laws and enforcement; identify and publicize best practices.
- **Research:** continue basic studies on drug effects and methods for detecting drug use.

Prevention and education funding would be used for activities described in the following section.

Expand prevention, education, and treatment for drug use and drugged driving.

Prevention, education, and treatment play a crucial role in the systematic approach to reducing youth drug use and drugged driving. Prevention and education can stop drug use and drugged driving before it occurs. Persons who use drugs may be identified through the driving system's pre-licensure or for-cause drug tests. Prompt assessment can identify drug users and refer them to treatment where appropriate, and can stop some drug-use problems before they become worse.

Prevention and education funding is described in the previous section. Funds will be used for:

- **Model drug prevention materials** about illicit drugs, the harmful effects of drug use, drugged driving, and driving sanctions for drugged



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driving and other drug law violations should be developed and provided to the states for incorporation into license examinations, drug information programs, and driver education courses. The Departments of Health and Human Services, Education, Transportation, and Justice should develop an information packet about drugs, drug use, driving sanctions associated with using drugs, and how drugs impede safe driving. The packet should be distributed through schools, substance abuse groups, traffic safety groups, motor vehicle departments, businesses, law enforcement and judicial communities, and others who have the ability to transmit these messages to their constituencies. The federal government, in cooperation with the states, already is in partnership with many organizations willing to take prevention and public safety messages forward. The infrastructure is in place to respond to these recommendations.

At the federal level, messages about drug use and drugged driving sanctions should be incorporated into existing government initiatives such as the DHHS-led Secretarial Initiative for youth substance abuse prevention (also known as the Teen Marijuana Initiative) and other campaigns underway at DOT, DOJ, and DOE.

- Actions should be taken following positive test results. Persons who test positive should be encouraged to undergo a comprehensive screening program and referred to appropriate interventions such as drug education programs, counseling sessions, or other treatment if appropriate. Treatment programs for youth should specifically address their needs. In FY 1998, 1999, and 2000 the DHHS budget request includes a SAMHSA program to expand state drug treatment programs for adolescents. Priority for up to \$3 million of these funds annually will be given to states participating in the pre-licensure drug testing demonstration or incentive grant programs.

- The ONDCP and DOT, in cooperation with DOE, DHHS and DOJ, should convene a summit-level meeting of "natural partners," including state officials, to highlight the overall problem of illicit drug use and its link to driving privileges and sanctions. The purpose of the summit would be to incorporate anti-drug messages into participants' ongoing activities and materials and to highlight effective community-based programs that use the driving law system to deter drug use by youth. Participants should come from community prevention groups, youth-serving and parent groups, law enforcement, judges, prosecutors, traffic safety advocates, business, educators, and media.

In a complementary effort, DHHS has requested approximately \$126.7 million in FY 1997 and 1998 to begin a DHHS Secretarial Initiative for sustained, multi-year youth substance abuse prevention efforts which will support the Presidential Initiative's goal of reducing youth drug use. This initiative will include public education, data collection and analysis, state incentive grants, regional technical assistance centers, and collaborations with national organizations serving youth.



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